

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b>		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO/FPO)</b>		<b>E DEPOSITOR ACCOUNT NUMBER</b>	
CITY STATE ZIP CODE		4 0 0 0 9 0 1 5 6 0	
TELEPHONE NUMBER AREA CODE		<b>F TYPE OF PAYMENT (Check only one)</b>	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> NAVAJO NATION VETERANS' LOAN PROGRAM		<input type="checkbox"/> Social Security <input checked="" type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
<b>C CLAIM OR PAYROLL ID NUMBER</b>		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
Prefix Suffix		TYPE AMOUNT	
PAYEE/JOINT PAYEE CERTIFICATION		ALLOTMENT BI-WEEKLY	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
SIGNATURE DATE		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE DATE		SIGNATURE DATE	

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b> Department of Health & Human Services Attn: Personnel/Payroll Section	<b>GOVERNMENT AGENCY ADDRESS</b>
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> WELLS FARGO BANK (DIRECT DEPOSIT) P.O. BOX 5626 PORTLAND, OR 97228-5626		<b>ROUTING NUMBER</b> 1 2 2 1 0 5 2 7 8	
		<b>CHECK DIGIT</b>	
		<b>DEPOSITOR ACCOUNT TITLE</b> NAVAJO NATION VETERANS' LOAN PROGRAM	
<b>FINANCIAL INSTITUTION CERTIFICATION</b>			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>	<b>DATE</b>

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.